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FITZPATRICK 30 ROCKEFELI NEW YORK, N	I l St ad tra							
e e e e e e e e e e e e e e e e e e e							(Deposit	tor's name)
			<u> </u> _				((Signature)
-			L					(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO		ATTORNEY DOCKET NO.		CONFIRMATION	1 NO.
09/512,268 TITLE OF INVENTION:	02/24/2000 IMAGE DISPLAY CO	NTROL SYSTEM AND	Makiko Mori IMAGE DISPLAY SYS	TEM CONTROL M		62.C1847	5969	ı
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FFF	TOTAL FEE(S) DUE	DATE DU	E
nonprovisional	NO	\$1400	\$0	\$0		\$1400	01/03/200	
EXAMI	EXAMINER		CLASS-SUBCLASS	7				
TRAN, TRANG U		2622	348-602000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to agents OR, alternated (2) the name of a sing registered attorney or 2 registered patent att	I. For printing on the patent front page, list 1) the names of up to 3 registered patent attorneys r agents OR, alternatively, 2) the name of a single firm (having as a member a egistered attorney or agent) and the names of up to registered patent attorneys or agents. If no name is sted, no name will be printed.				
(A) NAME OF ASSIG	ess an assignee is identi in 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	THE PATENT (print or to data will appear on the T a substitute for filing at (B) RESIDENCE: (CIT Tokyo, Ja	patent. If an assignation assignment. Y and STATE OR C			ocument has been	filed for
Please check the appropriate assignee category or categories (will not be printed on the patent):								
Please check the appropria	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛛 Co	orporation	or other private gro	oup entity Gove	ernment
4a. The following fee(s) are submitted: Solution Sol			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 06-1205 (enclose an extra copy of this form).					
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NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requ	ired) will not be accepted	b. Applicant is no load from anyone other than Office.					party in
Authorized Signature Daniel Alweck			Date October 20, 2006					
Typed or printed name Daniel S. Glueck			Registration No. 37,838					
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